



**APPLICATION FOR
GEORGIA STATE BOARD OF SPEECH LANGUAGE PATHOLOGY/AUDIOLOGY
237 Coliseum Drive, Macon, Georgia 31217
Phone (478) 207-2440
www.sos.ga.gov/plb/speech**

Application Instructions for Licensure as a Speech Language Pathologist or Audiologist

Provided below is a checklist containing all the things you must do to receive consideration for issuance of a Georgia Speech Language Pathology/Audiology License.

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Speech Language Pathology/Audiology in the State of Georgia. Visit the Board's web site for additional information: <http://www.sos.ga.gov/plb/speech>

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in DELAYED processing. Incomplete applications are void after one year.

NOTE: There are 3 methods by which you can obtain SLP/AUD licensure:

IF APPLYING BY "APPLICATION BY CERTIFICATION" (ASHA CCC'S):

The following documents are required:

- ☐ Completion of Application
- ☐ Fee: \$110
- ☐ Background Consent Form
- ☐ ASHA Verification of Certification sent directly to the board office
- ☐ 2.0 CEU (20 Contact hours) If effective date of certification is not within the two years prior to the date of application

IF APPLYING BY "ENDORSEMENT":

The following documents are required:

- ☐ Completion of Application
- ☐ Endorsement Fee: \$110
- ☐ Out of State License Verification
- ☐ Background Consent Form

IF APPLYING BY "APPLICATION/EXAMINATION" (COMPLETION OF PCE OR RPE)

The following documents are required:

- ☐ Completion of Application
- ☐ Fee: \$110
- ☐ Documentation for Completion of Paid Clinical Experience or Required Professional Experience
- ☐ Praxis Scores
- ☐ Out of State License Verification
- ☐ Background Consent Form



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Application Process

1. All application fees are non-refundable
2. All applications and fees must be mailed to:

**Georgia State Board of Speech Language Pathology/Audiology
237 Coliseum Drive
Macon, GA 31217**
3. The two page application must be mailed to the Board office at the address listed above along with the required fee. Please mail your application in a 9X12, or larger envelope with pages unfolded and unstapled. All questions must be answered.
4. Any background questions answered “yes” will require submission of further documentation. Applicant must submit copies of official court documents and an explanation. If applicant has had any criminal convictions, charges, or sanctions by another state licensing board, please submit documentation mentioned above. These applications are forwarded to the board for review and approval of licensure is at the Board’s discretion.
5. Applicants applying by “Application by Certification” (ASHA CCC’s) must submit the form titled “Verification of Certification” and it must be sent directly to the board. If the effective date of certification is not within (2) two years from the date of application you must provide 20 contact hours of continuing education, within the past two years. Please provide certification along with course outline/description.
6. Applicants applying by “Application/Examination” (PCE or RPE) must submit an original report of the Praxis scores. The scores **MUST be received** no later than 2 years from the beginning date of your PCE or RPE. Please be sure to select the appropriate code with ETS to have your PRAXIS scores sent to the Georgia Board. If you do not select the appropriate code, your scores will not be sent to our office. ***It is the licensure candidates’ responsibility to assure that his/her PRAXIS scores are sent to the Georgia Board.***
7. Applicant applying by “Endorsement” must contact each state in which they have held a Speech Language Pathology/Audiology license and have them provide verification of licensure directly to the Georgia Board Office. Please verify your state is a state approved for endorsement in Georgia. The list can be viewed on our website by accessing the Frequently Asked Questions. Please review the Frequently Asked Questions at <http://sos.georgia.gov/plb/faqs/10%20faqs.html>. **If your state is not on the list you must obtain licensure by another method.**

Paid Clinical Experience (PCE) or Required Professional Experience (RPE) - You are not required to have obtained your ASHA CCC’s in order to obtain SLP/AUD licensure. You may obtain licensure based on completion of PCE/RPE as noted below.

PLEASE NOTE: BOARD POLICY REGARDING SUBMISSION OF CONTINUING EDUCATION (CE) HOURS:

All applicants must provide CE documents in compliance with Board Rule 609-7-.01. The information submitted must include a certificate of completion and a course outline for each program attended. **The information submitted must be organized & concise.** Information that is submitted that is scant or excessive will be returned for the applicant’s resubmission. The return of information to the applicant will extensively **DELAY** the process.

FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA STATE BOARD OF Speech-Language Pathology/Audiology
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APPLICATION FOR:

☐ **Speech Language Pathologist**

☐ **Audiologist**

Application Fee Is Non-Refundable

Applicant is applying for above referenced license by:

<input type="checkbox"/> Examination	<input type="checkbox"/> \$110
<input type="checkbox"/> Endorsement	<input type="checkbox"/> \$110
<input type="checkbox"/> ASHA	<input type="checkbox"/> \$110

PERSONAL INFORMATION:

Name: _____

First	Middle	Last

Name as shown on exam records or transcripts (if different):

First	Middle	Last
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E Mail Address

Physical Address				
Number and Street (P.O. Box not acceptable)		Apt. No	City/State	Zip

Mailing Address (if different): _____

Number and Street	Apt. No	City/State	Zip

Email Address:

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. **Your email address will not be shared with any third party.**

Day Phone Number	Evening Phone Number	Cell Number
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<u>Social Security Number</u>	<u>Date of Birth</u>
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☐ **I am a U.S. citizen** ☐ **I am not a U.S. citizen** but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. If you are not a U.S. citizen, you must complete the attached form, **DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS**, and provide required documentation.

PROFESSIONAL BACKGROUND:

Check yes or no – If yes is checked, you must send copies of legal documents and a detailed explanation.

1. ☐ **Yes** ☐ **No** Are you unable to practice safely as a result of use of alcohol or other drugs?
2. ☐ **Yes** ☐ **No** Have you been denied professional licensure or renewal because of a license disciplinary proceeding?
3. ☐ **Yes** ☐ **No** Have you ever had a professional license revoked, suspended, annulled, or otherwise sanctioned, including by private order, by any Board or agency in Georgia or any other state, territory, or country?
4. ☐ **Yes** ☐ **No** Have you been subject to disciplinary action or had your membership revoked by any professional organization?
5. ☐ **Yes** ☐ **No** Have you knowingly failed to renew a license during an investigation of a disciplinary matter against you?
6. ☐ **Yes** ☐ **No** To the best of your knowledge, is there any disciplinary action or investigation pending against you by any licensing board, agency or professional organization?
7. ☐ **Yes** ☐ **No** Have you been convicted of any criminal offense?
8. ☐ **Yes** ☐ **No** Have you ever been arrested, charged or sentenced for the commission of a felony misdemeanor (other than minor traffic or parking violations) or crime of moral turpitude, including the entry of a plea of nolo contendere or a plea entered pursuant to the provisions of the "Georgia First Offenders Act"? DWI and DUI are not minor traffic violations. You must respond "yes" if you Pled and completed probation as a First Offender. If you answered "yes", you must provide certified copies of the Court disposition.
9. ☐ **Yes** ☐ **No** Have you been the defendant in malpractice suit and either entered into a settlement agreement or paid court awarded expenses?
10. ☐ **Yes** ☐ **No** Have you previously applied for the same license for which you are currently applying? If "yes", name under which application was submitted:

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11. ☐ **Yes** ☐ **No** Do you now hold or have you ever held a license as a Speech-Language Pathologist or Audiologist in any state/jurisdiction? If "yes" complete the following:

Type of license: ☐ **Speech**

☐ **Audiology**

State/Jurisdiction _____

License No. _____

Date issued _____

Expiration _____

AFFIDAVIT OF APPLICANT:

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications to practice. I understand that any final disciplinary action that may ever be taken against my license, if it is granted, would be provided to a national disciplinary reporting system and that my Social Security number would be a part of that report.

Date

Signature of Applicant

Sworn to and subscribed before me this

_____ day of _____, 2____.

Notary Public

Notary Seal

My Commission expires on: _____

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit.
[O.C.G.A. § 50-36-2(c)]



**GEORGIA STATE BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

CONSENT FORM

I hereby authorize the **GEORGIA STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

(Applicant's Full Name – Printed)

Physical Address (P.O. Boxes **NOT** Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

Please check any applicable licensure provisions below that apply to the individuals you will be practicing your profession on:

- ☐ Working with mentally disabled
☐ Working with the elderly or in elder care services
☐ Working with children

PLEASE COMPLETE THE FOLLOWING:

I, _____
(print name)
give consent to the Georgia State Board of Examiners for Speech-
Language Pathology and Audiology to perform periodic criminal
background checks for the duration of my active licensure status with
this state.

(Signature of Applicant)

(Date)

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

Alien Lawfully Admitted for Permanent Residence:

- ☐ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- ☐ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- ☐ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- ☐ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- ☐ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- ☐ - Grant letter from the asylum office of INS
- ☐ - Order of an immigration judge granting asylum

Refugee:

- ☐ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- ☐ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- ☐ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- ☐ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- ☐ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- ☐ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- ☐ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- ☐ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- ☐ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- ☐ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- ☐ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- ☐ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- ☐ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- ☐ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- ☐ - INS petition and appropriate supporting documentation

Name of Applicant